

INSTRUCTIONS FOR APPLYING FOR S-LICENSE

EMPLOYEE CERTIFICATE OF CLEARANCE

A. Description

No person may be employed by an S-license holder ("S-licensee") without first obtaining a Certificate of Clearance from the Department of Public Safety. An S-licensee is a person engaged in the security systems business who has obtained a license from the Department of Public Safety to install, repair and offer maintenance to security systems and other similar devices and systems. The Certificate of Clearance requirement applies to all employees of the S-license holder including support staff, administrative staff, maintenance staff, management, IT staff, and systems installation professionals.

An S-licensee may employ as many employees as necessary. Prior to an employee commencing work, however, the S-licensee must complete an "Attestation For Certificate of Clearance" form for the employee and submit it to the Department of Public Safety. If approved, the Certificate of Clearance will be issued to the employee by the Department of Public Safety and will be valid for two years. Additionally, the Certificate of Clearance is only valid as long as the employee is employed by the S-License holder who submitted the application on the employee's behalf. Accordingly, an S-license holder must obtain a new Certificate of Clearance for all new employees regardless of whether the person was previously issued one through a different company.

B. Criminal Background check

It is the responsibility of the S-license holder to conduct a Criminal Background check on all candidates for the Certificate of Clearance. In order to obtain a Certificate of Clearance for an employee, the S-licensee must complete an Attestation form and submit it to the Department. The form attests to the fact that the S-licensee has completed a criminal background check on the employee within 30 days of the submission of the application. It is important to note that S-licensees have been granted clearance from the Criminal History Systems Board (CHSB) to request and receive the criminal record (CORI) of their employees for purposes of obtaining a Certificate of Clearance. However, in order to activate this clearance, S-Licensees must submit an "Individual Agreement of Non-Disclosure and Statement of CORI Certification Compliance." The form is attached below and can also be downloaded from the Criminal History System Board's website: http://www.mass.gov/Eeops/docs/chsb/cori_cert.pdf. The S-licensee must note on the form that the reason for the application is for purposes of complying with Department of Public Safety requirements.

Once the individual S-licensee clearance is activated by the CHSB, the licensee may request the criminal record (CORI) for an employee from the CHSB. The CHSB will notify the S-licensee in writing of the approval and send an instructional packet as to how to go about ordering criminal records. In order to obtain a criminal record on a specific individual, the employer must first have the employee sign a CORI request form. The form will be included in the packet sent to the S-licensee by the CHSB upon approval of the application. That is the only form that may be used for these purposes though it may be photocopied. The completed request form must be forwarded to the CHSB, not to the Department of Public Safety. Upon receipt of the criminal record from the CHSB, the S-licensee must review it to determine whether the

employee has been convicted of any disqualifying crimes.

Pursuant to G.L. c. 147, §60, persons who have a felony conviction are automatically disqualified from receiving approval for a Certificate of Clearance and no such person may be submitted for approval by the Department. Further, individuals with convictions for crimes of moral turpitude may be issued a Certificate only at the discretion of the Commissioner of Public Safety. Individuals with convictions for crimes of moral turpitude may include a written explanation of the background of the conviction for the Commissioner's consideration. In order to determine whether a crime is a felony or crime of moral turpitude, please reference the "S-License- Crimes Classification Chart" by logging on to the Department's website: www.mass.gov/dps. Felonies are highlighted in red and crimes of moral turpitude are highlighted in yellow. All crimes not highlighted in red are misdemeanors. All crimes of moral turpitude are misdemeanors.

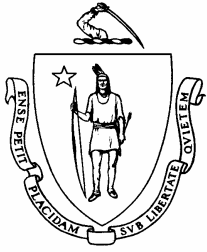
C. Requirements of the Application

In order to obtain a Certificate of Clearance, the application packet must include all of the items listed below. Incomplete or illegible applications will be returned to the S-license holder and no Certificate of Clearance will be issued to the employee. The submission must include:

1. Completed attestation form (below).
2. A legible copy of a government issued photo identification issued to the employee and signed by them (e.g. driver's license).
3. The signature of both the employee and the S-licensee submitting the application.
4. A check made out to the "commonwealth of Massachusetts" for the non-refundable \$50.00 application fee.

All of the above items should be mailed together to:

Department of Public Safety
Certificate of Clearance application
One Ashburton Place, room 1301
Boston, MA 02108



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

The Commonwealth of Massachusetts

Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

Robert C. Haas
Secretary

Thomas G. Gatzunis, P.E.
Commissioner

ATTESTATION FOR CERTIFICATE OF CLEARANCE

This application must be completed by an S-licensee for each person employed by them.

Please include the following items with the application:

- A non-refundable check made out to the Commonwealth of Massachusetts for \$50.00
- A legible copy of a government issued identification (ex.: driver's license) bearing the employee's photograph and signature.

PART I. Employee Information:

Full Name _____

Social Security # _____

Home address _____
(Street) (City/Town) (State) (Zip Code)

Daytime Telephone No. _____

E-mail address _____

Name of Employer _____

Employer's Address _____
(Street) (City/Town) (State) (Zip Code)

Employer's Telephone No. _____

Employee's job title and responsibilities _____

Date of Birth _____ Place of Birth _____

Mother's Full Maiden Name _____

Mother's Place of Birth _____

Father's Full True Name _____

Father's Place of Birth _____

Please list the names and addresses of all of the applicant's employers over the last three years.
(You may attach additional sheets if necessary)

Please list any professional licenses held by the employee:

I hereby attest under the pains and penalties of perjury that the above information was provided to me by the employee. To the best of my knowledge, all provided information is accurate.

Signature of S-License holder

S-license number

expiration date of license

I hereby attest under the pains and penalties of perjury that the above information is accurate and that I have never been convicted of any felony or crime of moral turpitude.

Signature of employee

PART II. Criminal Background Check Report:

Have you completed a criminal background check on this employee in the past 30 days?

- ☐ Yes
☐ No, the following information was obtained from a criminal record report received on the following date _____

Has the employee disputed the results of the criminal background check?

- ☐ Yes
☐ No

If you answered “yes” to the previous question, please explain the dispute. (You may attach additional sheets if necessary).

According to the criminal background check, the employee:

- ☐ Has no record
- ☐ Has been convicted of at least one misdemeanor
- ☐ Has been convicted of at least one felony

**** Please review the Department of Public Safety’s “S-License Crimes Classification Chart” to determine whether a crime is a misdemeanor or a felony. The chart can be viewed on the DPS website.**

If the applicant has been convicted of a misdemeanor, please indicate whether the misdemeanor(s) is a crime of moral turpitude.

- ☐ No, the applicant has not been convicted of a crime of moral turpitude.
- ☐ Yes, the applicant has been convicted of a crime of moral turpitude (please indicate the crime(s))

**** Please review the Department of Public Safety’s Criminal Classification Chart for each misdemeanor to determine whether the misdemeanor constitutes a crime of moral turpitude.**

If the applicant has been convicted of a crime of moral turpitude, the circumstances surrounding the conviction may be explained below. The Commissioner will consider reasonable explanations in determining whether to issue a Certificate of Clearance.

I hereby attest under the pains and penalties of perjury that the above information relative to the criminal background check is to my knowledge true and complete.

Signature of S-license holder

S-license number

Date

If you answered “yes” to the previous question, please explain the dispute. (You may attach additional sheets if necessary).

According to the criminal background check, the employee:

- ☐ Has no record
- ☐ Has been convicted of at least one misdemeanor
- ☐ Has been convicted of at least one felony

**** Please review the Department of Public Safety’s “S-License Crimes Classification Chart” to determine whether a crime is a misdemeanor or a felony. The chart can be viewed on the DPS website.**

If the applicant has been convicted of a misdemeanor, please indicate whether the misdemeanor(s) is a crime of moral turpitude.

- ☐ No, the applicant has not been convicted of a crime of moral turpitude.
- ☐ Yes, the applicant has been convicted of a crime of moral turpitude (please indicate the crime(s))

**** Please review the Department of Public Safety’s Criminal Classification Chart for each misdemeanor to determine whether the misdemeanor constitutes a crime of moral turpitude.**

If the applicant has been convicted of a crime of moral turpitude, the circumstances surrounding the conviction may be explained below. The Commissioner will consider reasonable explanations in determining whether to issue a Certificate of Clearance.

I hereby attest under the pains and penalties of perjury that the above information relative to the criminal background check is to my knowledge true and complete.

Signature of S-license holder

S-license number

Date

CORI CERTIFICATION APPLICATION

This application should be filled out if you are seeking a greater degree of access to Criminal Offender Record Information (CORI) than is available through a Request for Publicly Accessible Massachusetts CORI. Please contact this agency if those forms do not accompany this CORI Certification Application.

An Agreement of Non-Disclosure and Statement of CORI Certification Compliance is attached to this application. All persons within your organization who will have access to CORI must sign an Agreement of Non-Disclosure and Statement of CORI Certification Compliance prior to receiving CORI from this agency. Please forward signed Non-Disclosure forms for as many individuals in your organization who will receive CORI. Copies of the form may be made as necessary. As additional persons within your organization require access to CORI, additional Agreements of Non-Disclosure and Statement of CORI Certification Compliance must be executed.

Please complete this application and mail to the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150, ATTN: CORI Unit. Incomplete applications will be returned.

Applications will be processed in the order in which they are received.

Name of Applying Organization: _____

Contact Person and Title: _____

Address: _____

Email Address: _____

Telephone No.: _____ Fax No.: _____

1. This organization is applying as a:

___ Criminal justice agency, pursuant to M.G.L. c. 6 §172 (a);

___ statutorily mandated agency or individual required to have access to CORI; pursuant to M.G.L. c. 6 §172 (b); and/or

___ an agency or individual where the public interest in access to CORI clearly outweighs individual security and privacy interests, pursuant to M.G.L. c. 6 §172 (c).

2. Please describe your organization, together with its function and mission in relation to this application.
3. Please list and attach copies of any statute(s) and/or regulation(s) that require your organization to do CORI checks.
4. Please list and attach copies of any federal or state licenses your organization may have.
- 5a. Please list all job titles you wish to screen with brief job descriptions for each.
- 5b. Where would this service or activity normally occur?
6. Please state whether you seek to screen prospective and/or current employees, volunteers, etc.
7. Please describe your present screening practices. Please state whether you have ever requested publicly accessible criminal records as part of your screening process.
8. Please explain why requests for publicly accessible conviction records are insufficient for purposes of screening your volunteers or employees.
9. Please describe all incidents which occurred which may have been prevented had you been CORI certified.
10. Please describe what measures you would take to store CORI in a secure manner.

I hereby affirm that the information contained in this application and in support thereof is true to the best of my knowledge and belief.

Signature of Authorized Individual

Dated

Criminal Offender Record Information ("CORI")
Individual Agreement of Non-Disclosure and Statement of CORI Certification Compliance

I understand that any person who willfully requests, obtains or seeks to obtain criminal offender record information (CORI) under false pretenses, or who willfully communicates or seeks to communicate CORI to any agency or person except in accordance with the provisions of M.G.L. c. 6, §§168 through 178B, inclusive, shall for each offense be fined not to exceed five thousand dollars (\$5,000.00), or imprisoned in a jail or house of correction for up to one year, or both and/or may be ordered by the Criminal History Systems Board to pay civil fines not to exceed five hundred (\$500.00) for each willful violation.

I understand that CORI certification authorizes me to only request, access, and review CORI to the extent authorized by the CHSB. The extent of the certification will be included in the agency's CORI certification letter and I agree to read, understand, and request CORI only for those individuals for which the CHSB has granted certification.

I have reviewed, understand and agree to comply with the CHSB audit guidelines that are available at www.mass.gov/chsb. I agree to store and disseminate CORI consistent with these guidelines.

I understand how to read and interpret a CORI report and have reviewed the information provided by the CHSB entitled "How to Read a BOP" that is available at www.mass.gov/chsb. I agree to provide all applicants with a copy of their CORI upon request so they may review it.

I understand that all agencies certified to access CORI are required to maintain an agency CORI policy and will review the Model CORI policy that is available at www.mass.gov/chsb.

I also understand that a criminal record check will be conducted on me by the Criminal History Systems Board as a prerequisite to my having authorization for access to CORI. You will only be notified if you are determined inappropriate to access CORI.

Signed this _____ day of _____, 200____.

Signature

Last name

First name

Middle initial

Maiden name

Alias

Date of Birth (MM/DD/YY)

Social Security Number (requested but not required)

Job title

Driver's License # State

Agency/ Business

Agency Code (if previously certified)

Address

This document is to be completed by ALL persons employed by, contracted with, or otherwise operating in association with the herein named agency, and who may have access to CORI.